

**TRAINING REGISTRATION
MICHIGAN DEPARTMENT OF HUMAN SERVICES
FOSTER HOME LICENSING/COMPLAINT HANDLING TRAINING**

Employee's Name:	Social Security Number
Job Function: <input type="checkbox"/> case worker <input type="checkbox"/> therapist <input type="checkbox"/> adoption worker <input type="checkbox"/> adoption supervisor <input type="checkbox"/> certification worker <input type="checkbox"/> certification supervisor	Time In Function:
Supervisor's Name: _____ Telephone Number: _____	
Supervisor's Approval Signature:	
Child Placing Agency Name: _____ Agency's License Number: _____	
Child Placing Agency Mailing Address:	
Type of Training: _____ Attended Previously _____ <input type="checkbox"/> Certification <input type="checkbox"/> Complaint <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Training: _____ Special Needs of Trainee _____	
PLEASE MAIL OR FAX TO: Ann M. French, Secretary Department of Human Services Office of Children and Adult Licensing 7109 W. Saginaw, 2 nd Floor, P.O. Box 30650 Lansing, MI 48909-8150 FAX # (517) 335-6121	
Telephone registrations will NOT be accepted.	